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CONFIRMATION NO. 7953

SERIAL NUMBER 10/768,728	FILING OR 371(c) DATE 01/29/2004 RULE	CLASS 600	GROUP ART UNIT 3762	ATTORNEY DOCKET NO.	
APPLICANTS Moises Calderon, Huixquilucan, MEXICO;					
** CONTINUING DATA ***** This appln claims benefit of 60/443,411 01/29/2003					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 06/16/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials		STATE OR COUNTRY MEXICO	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
ADDRESS <div style="text-align: right;">AIR MAIL</div> Innovamedica S.A. de C.V. Cantil #175 Casa 4, Col. Jardines Del Pedregal, Alvaro Obregon Mexico, DF, 01900 MEXICO					
TITLE Low flow atrial-arterial shunt for pump-assisted myocardial revascularization without cardiopulmonary bypass					
FILING FEE RECEIVED 593	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		